

	<p><i>DELAWARE HEALTH AND SOCIAL SERVICES</i></p> <p>Division of Services for Aging and Adults with Physical Disabilities</p>	<p>Policy Manual for Division Contracts - Nutrition</p>
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Revision Table

Revision Date	Sections Revised	Description
7/31/2015		Revision for 2016 Contract Year



*DELAWARE HEALTH
AND SOCIAL SERVICES*

**Division of Services for Aging and
Adults with Physical Disabilities**

**Policy Manual for
Division Contracts - Nutrition**

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ISSUE DATE:	4/82 Rev. 09/95 LOG NO: X-V-6
SECTION:	Contract Management – Nutrition
SUBJECT:	Nutrition Education for Participants

PURPOSE

To assure adequate nutrition education to participants of DSAAPD funded nutrition programs.

POLICY

Nutrition education means a formal program of regularly scheduled meetings to make available facts about the kinds and amounts of foods that are required to meet one's daily nutritional needs. It must be an accompanying feature of the meal program, with close coordination between the two components to improve the nutritional intake of older persons through better eating habits by making them aware of the relative nutritional value of different food groups.

RESPONSIBILITY

Each program will prepare a plan for nutrition education outlining content, methodology, and evaluation procedures. Programs will maintain on file copies of participant evaluations to be made available for review by the DSAAPD monitor upon request.

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ISSUE DATE:	4/82 Rev. 11/85, 09/95, 05/99 LOG NO: X-V-7
SECTION:	Contract Management – Nutrition
SUBJECT:	Health and Safety Codes

PURPOSE

To ensure adequate fire, health, sanitation, and safety standards in Nutrition Programs.

POLICY

All Title III meal sites must be approved by appropriate Public Health officials and Fire Inspectors. State and local fire, health, sanitation, and safety regulations must be adhered to at all times by Nutrition Programs. Foodservice staff should be trained in, and adhere to, the most current FDA Food Code, specifically, temperature control of foods.

RESPONSIBILITY

Nutrition Service Providers must arrange with the appropriate local or state officials for periodic inspections.

Local programs must maintain current files of the appropriate official certifications or visitation reports for each site under their jurisdiction.

EVALUATION

The DSAAPD shall review the above files, as necessary.

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ISSUE DATE:	4/82 Rev. 09/95
SECTION:	Contract Management – Nutrition
SUBJECT:	Food Safety

PURPOSE

To maintain the safety of food served to participants by avoiding the use of foods prepared or canned in the home.

POLICY

Foods prepared or canned in the home or in an uninspected facility may not be used in meals provided by programs funded under Title III-C. Only commercially prepared or canned foods may be used.

RESPONSIBILITY

It is the responsibility of each funded program to adhere to the above policy.

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ISSUE DATE:	08/95 Rev. 02/00, 01/01, 11/03 LOG NO: X-V-9
SECTION:	Contract Management – Nutrition
SUBJECT:	Congregate Meals Temperature Check

PURPOSE

To establish standard procedure for monitoring temperatures of Congregate Nutrition service sites to assure food safety and prevention of foodborne illness.

POLICY

Each nutrition site providing congregate nutrition services to clients will monitor food temperatures on a daily basis.

Temperature of cold food must be equal to or less than 41° Fahrenheit.

Temperatures of hot food must be greater than or equal to 140° Fahrenheit.

Refer to the most recent FDA Food code and Delaware Food Code for current standards and information.

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ISSUE DATE:	09/95 Rev. 02/00, 01/01, 11/03	LOG NO: X-V-10
SECTION:	Contract Management – Nutrition	
SUBJECT:	Home Delivered Meals Temperature Check	

PURPOSE

To establish standard procedure for monitoring temperatures of Home Delivered Nutrition service meals to assure food safety and prevention of foodborne illness.

POLICY

At least once a month, each nutrition site providing meals to the homebound will monitor food temperatures. An additional meal will be plated, packed and transported to the last home on a delivery route. The (received) temperatures for this meal should be recorded following safe food handling techniques.

Temperature of cold food must be equal to or less than 41° Fahrenheit.

Temperatures of hot food must be greater than or equal to 140° Fahrenheit.

Refer to the most recent FDA Food Code and Delaware Food Code for current standards and information.

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ISSUE DATE:	04/82 Rev. 09/95, 02/01	LOG NO: X-V-11
SECTION:	Contract Management – Nutrition	
SUBJECT:	Food Removal from Congregate Sites	

PURPOSE

To protect the health and safety of participants and staff by controlling the removal of prepared food from congregate nutrition service sites.

POLICY

With the exception of fresh fruit and DSAAPD approved meals, absolutely no food or beverage is to be removed from any congregate nutrition site by any guest, participant, or staff member. Furthermore, each program has the option of further extending this policy to cover the removal of fresh fruit from the sites if so desired.

RESPONSIBILITY

It shall be the responsibility of individual programs to develop procedures that shall ensure adherence to this policy.

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ISSUE DATE:	08/83 Rev. 11/87, 09/95
SECTION:	Contract Management – Nutrition
SUBJECT:	Policy & Procedure Manuals for Nutrition Programs

PURPOSE

To require Nutrition Programs to develop a Policy and Procedures Manual for Congregate and Home Delivered Nutrition Programs.

POLICY

The Nutrition Service Providers must develop and utilize a Policies and Procedures Manual. This manual must cover areas referred to in the Congregate & Home Delivered Nutrition Service Specifications.

RESPONSIBILITY

The Provider's Program Director will be responsible for developing, implementing and updating the Policy Manual annually (in the first month of the contract year).

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ISSUE DATE:	04/84 Rev. 11/85, 04/88, 09/95, 12/12 LOG NO: X-V-17
SECTION:	Contract Management – Nutrition
SUBJECT:	Congregate Meals for Individuals with Disabilities in Non-institutional Households

PURPOSE

To establish policy regarding congregate meal service to individuals with disabilities under 60 years of age.

POLICY

In accordance with PL.100-175, Section 307 (a)(13)(1) it shall be the policy of the Division to promote the provision of nutrition services to those individuals with disabilities who reside in a non-institutional household with and accompany a person eligible for congregate meals.

The word "disabled" is defined as the inability to engage in substantial, gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or has lasted or expected to last for a continuous period of not less than 12 months.

Individuals must meet the following criteria to be eligible:

- The disability for mental or physical impairment must be verified by a doctor's letter.
- individuals with disabilities must be residing with the elderly client in order to participate in the Program. Proof of residency will be required.
- The individual with a disability must be accompanied by the elderly client at all times to participate in the Program.
- The primary care of the individual with a disability at the nutrition site will be the responsibility of the eligible client who is accompanying him/her e.g. toileting, feeding, etc.
- Individuals with disabilities who are eligible for the program must be 18 years of age or older.

RESPONSIBILITY

It shall be the responsibility of the Nutrition Service Provider to adhere to the policy.

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ISSUE DATE:	01/84 Rev. 04/84, 11/85, 09/95, 10/00, 12/12	LOG NO: X-V-18
SECTION:	Contract Management – Nutrition	
SUBJECT:	Eligible Participants for Congregate Meals in Subsidized Housing Sites	

PURPOSE

To establish policy regarding congregate meal service for persons living in subsidized housing sites.

POLICY

The congregate nutrition agency is responsible for providing meal service in subsidized housing sites to the following clients:

- A. Individuals with disabilities who have not attained 60 years of age, but who reside in housing facilities occupied primarily by the elderly (in accordance with PL 98-459, Section 307 (a) (13) (A)). Such housing facilities must have an existing congregate nutrition program. Individuals must meet applicable residency requirements and receive meal service at the facility where they reside.
- B. Clients regarded as “roombound” are eligible for meals provided by the congregate nutrition program. Such meals would be delivered to the client’s room on days when meal service is available. The congregate nutrition agency must develop and follow internal policies on the following:
 - Assessment and verification of “roombound” status. Information must be kept on file for DSAAPD review.
 - Method of meal delivery to the “roombound” client. The procedure must include details on personnel responsible for delivery and maintenance of safe food temperatures.

RESPONSIBILITY

It shall be the responsibility of each Congregate Nutrition Service Provider serving meals at subsidized housing sites to adhere to this policy.

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SECTION:	Contract Management – Nutrition
SUBJECT:	Medical Foods to Congregate Clients Page 1 of 6

PURPOSE

To establish policy for supplying medical foods to congregate clients.

POLICY

Clients with authenticated medical/nutritional risk factors, as verified by their physician, may be offered medical foods. The medical foods may be used to supplement the meal currently provided or used instead of a prepared meal, if medically indicated, as in need for a liquid diet. If medical foods served to clients are their sole source of nutrition, these supplements must meet the DSAAPD required caloric minimum, except for modified dietary products prescribed by a physician. Clients will be contacted within ten days of receipt of the physician's approval.

RESPONSIBILITY

Program Director or designated staff will oversee inventory control.

Site Director and/or Site Manager will inform clients about the availability of medical foods.

Site Director and/or Site Manager will monitor distribution of products to clients.

Program Dietitian will assess clients, verify the physician's approval, determine the quantity of medical foods required and provide necessary follow-up.

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MEDICAL FOODS: QUANTITY AND REIMBURSEMENT

Medical foods are approved for use with medically and/or nutritionally at risk clients. Two (2) cans of medical foods are reimbursed as a meal, by DSAAPD standards. The medical food meal should be separately noted on daily logs.

Medical foods approved for use in DSAAPD nutrition programs

The standard product used as a meal replacement is ENSURE® Plus Liquid. Five other products are approved for use in the DSAAPD Title III-C Nutrition Programs; these are considered to be part of a modified/therapeutic diet and their recommendation must be supported by a physician's request.

An agency must make at least four (4) products available to clients, as noted on the letter/diet order sent to the client's physician.

A medical food meal order may consist of multiple cans of one product or a combination of products. All decisions must be supported by a diet order from the client's physician.

Product	Volume	Calories	Protein
ENSURE® Plus	8 fl. oz.	350	13.0
ENSURE® Liquid Muscle Health	8 fl. oz.	250	13.0
ENSURE® Pudding	4 oz.	170	4.0
GLUCERNA® Shake	8 fl. oz.	200	10.0
Pulmocare®	8 fl. Oz.	355	14.8

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CLIENTS TO BE CONSIDERED FOR MEDICAL FOODS

Medical foods are intended to be used by clients who are medically and/or nutritionally at risk. The aim of providing medical foods to congregate clients is to maintain or improve their health status and quality of life by keeping them active members of the community. This will be accomplished by providing increased calories and other nutrients in addition to, or instead of, the prepared meal consumed at the senior center.

Various clients will benefit from the supplement. The following list describes some conditions for which medical foods may be recommended:

1. involuntary weight loss
2. problems chewing or swallowing, resulting in reduced/inadequate food intake (a dysphagia diagnosis must be clearly documented)
 - a. use of pudding versus liquid should be considered
 - b. consult physician regarding persistent difficulty
3. recent illness or surgery
4. nutritional support prior to surgery
5. cancer and/or cancer therapy
6. decreased interest in cooking and/or eating
7. diminished ability to obtain and/or prepare food
8. conditions which increase caloric requirements, e.g. Parkinson's Disease

Clients who are currently on a full-liquid diet, e.g. as a result of chemotherapy, radiation therapy or swallowing disorders may be considered for medical foods without receiving the prepared meal. These clients would receive a maximum of three (3) meals a day (6 cans). Specific physician documentation and consultation with a dietitian is required. These clients must satisfy agency eligibility requirements before being considered for the full-liquid option.

Clients may be considered for other medical/nutritional reasons, with physician's documentation. Agencies are encouraged to consult with the Public Health Treatment Program Administrator, DSAAPD, concerning atypical situations.

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Medical foods may also be provided to clients who are not receiving home-delivered meals, are medically and/or nutritionally at risk (as verified by a physician), but do not attend the center. Reasons for not attending the center may include disability, chronic illness, advanced age or similar restrictions. These clients must satisfy all other agency requirements, including the completion of screening forms. When transportation is a problem, a person (designated by the client) may collect the medical foods and deliver them. This option requires a written note from the client.

Clients should be encouraged to increase their donations commensurate with the cost of the additional foods and/or supplements.

SELECTION AND MONITORING OF CLIENTS RECEIVING MEDICAL FOODS

Provision of medical foods requires physician authorization, in order to document medical and/or nutritional risk. A written diet order from the physician must be returned to the agency dietitian and kept in the client's file. Additionally, a brief statement of pertinent medical problems will be noted by the physician on the diet order. The diet order is valid for a period of one year. Annual renewals of approval are required from the physician.

Clients who do not have a physician may be considered for the nutritional supplement, after a consultation with the dietitian. A signed release absolving the agency from liability due to withheld or incorrect information should be obtained.

The senior center director will identify clients who may, due to medical and/or nutritional risk, benefit from nutritional supplementation. A list of probable candidates is included with this policy. A client, who has been advised, by their physician to take medical foods, may inform the site director/manager.

The client will be either given a diet order for their physician, or the form may be mailed from the agency. The signed diet order will be returned to the agency dietitian.

Upon receipt of a signed physician order, the client will be contacted by the dietitian and screened for contraindications. Appropriate nutritional counseling will also be provided at this time. A client file will be maintained at the agency office. A follow –up schedule will be discussed with the client.

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The following information is to be included in each client's file:

1. Diet order/medical information page signed by physician (see attachment)
2. Documentation of nutritional counseling
3. Schedule for follow-up
4. Documentation of follow-up contacts
5. Renewal diet order for physician
6. Quantity and flavors selected for client
7. Signed release from clients who do not have a physician
8. Client refusal of medical foods, if indicated
9. Documentation of termination of medical foods (with explanation)

SUGGESTED PHYSICIAN LETTER

Date: _____

Dear Dr. _____,

Your patient _____ consumes a noon meal at _____ senior center. (Agency) _____ now provides adult nutritional supplements (ENSURE Plus, Ensure Muscle Health, Glucerna Shake, Ensure Pudding and Pulmocare) to our clients who are medically or nutritionally at risk.

_____ has been identified by our staff as a candidate for this service. He/she will receive two cans of liquid and/or pudding to replace/supplement each prepared meal received at the senior center. A Registered Dietitian will provide appropriate guidance and nutritional counseling.

To maintain eligibility standards, we require a physician's certification of medical and/or nutritional risk. Therefore, please provide the following information:

_____ is a suitable candidate for nutritional supplementation.

Please Circle the appropriate supplement:

Extra Calories and Protein (Ensure Plus),
Extra Protein (Muscle Health),
Carbohydrate Control (Glucerna Shake),
Texture Modification (Ensure Pudding),
Reduced Carbon Dioxide Production (Pulmocare),

As determined by dietitian in consultation with patient.

Please provide a brief medical history:

Diabetes: Y/N Insulin _____ Oral medication _____ Diet controlled _____

Dietary counseling recommended for:

Low fat, low cholesterol _____ Increased calories _____ Reduced sodium _____ Increased fiber _____ Other _____

Recent illness and/or chronic conditions:

Physician's signature:

Thank you for your cooperation.

Signed,

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SUBJECT:	Homebound Meals Criteria
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PURPOSE

Establish criteria for home-delivered meal participants based on federal policies and guidelines.

POLICY

The Nutrition Service Providers (NSPs) will utilize the following criteria set up by the Division in assessing participation in home-delivered meals program.

1. FACTORS TO BE CONSIDERED FOR ELIGIBILITY:

- A. A person age 60 or over, who qualifies as homebound by reason of illness or incapacitating disability is eligible to receive a home-delivered meal, at least once per day, 5 days a week. Meals may be hot, cold, frozen, dried, canned or supplemental (with satisfactory storage life).
 1. Those who have a physical, emotional or social disability which precludes meal preparation or attendance at a congregate meal site.
 2. Those who require a modified diet but do not have the preparation knowledge or capability to prepare it and are unable to receive this meal at a congregate center.
 3. Those confined to their homes for a temporary convalescent period.
 4. Those confined to their homes residing with family or others may be eligible for meals to give respite to the caregiver. Clients with caregivers who are preparing meals but are unable to do so adequately are also eligible.
 5. Those 60 and over who are isolated and/or homebound as a result of providing continuous care to another older person, if receipt of the meal is in the best interests of the homebound person and the caretaker.
- B. The recognized spouse of the older person, regardless of age or condition, is eligible to receive a home-delivered meal if receipt of the meal is in the best interest of the homebound older person.
- C. Meals may also be made available to individuals with disabilities under 60 who reside in housing facilities occupied primarily by the elderly at which congregate nutrition services are provided. (This provision is only related to nutrition sites located in public housing. The individuals with disabilities must be a resident of this same housing facility. Spouses of individuals with disabilities are not eligible unless they too are disabled.) Meals may also be made available to a non-elderly individuals with disabilities who are a member of the household of an elderly person who is eligible for home-delivered meal services. (Eligibility is to be tested by requesting proof of Social Security Disability.)

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- D. Income shall not be criteria for eligibility.
- E. There shall be no time limit on length of service.

2. **INELIGIBILITY:**

- A. Those applicants receiving in-home services should be individually evaluated to prevent duplication of services. Those receiving adequate meals from other agencies or individuals are ineligible.
- B. When the meals available would jeopardize the applicant's health. (Example: When a person requires a modified diet which the meals program cannot supply, or when the lack of proper refrigeration facilities make food poisoning a likelihood, meal delivery may be inappropriate.) Appropriate service referrals should be made.
- C. When receiving meals would result in prolonging of an inappropriate living condition. (Example: If a person is unable to perform even minimal daily maintenance tasks, it may not be desirable for that person to continue living alone.) However, meals could be provided until other arrangements can be made for the individual. Such cases should be monitored on a periodic basis. Such cases should be referred to the Division's Adult Protective Services or case management with client's approval or if client appears incompetent, approval is not needed.
- D. When a person cannot or will not participate within the limitations of the program and all attempts to resolve the problem have been unsuccessful, client would be considered ineligible. (Examples: A person repeatedly is absent from the home and perhaps leaves notes asking volunteers to leave meals or will not allow the volunteer to enter the home to present the meal face to face. Client endangers the volunteer or staff by having uncontrollable pets or in any way threatens or menaces the staff or volunteers.)

3. **PROCEDURE FOR ASSESSMENT OF ELIGIBILITY:**

- A. Program staff must initially visit every recipient in their home to assess the need for the program. The visit must be made within one week of the referral. An assessment form should be completed following the visit and be placed in the recipient's confidential file. No applicant shall be accepted as a program participant until after the initial assessment visit. If the client needs meals during that week

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prior to the visit, they may be served on an emergency basis. A notice should be sent to the

client, with the first meal, stating that they will be served on a temporary basis until their eligibility has been determined. This letter should contain notification of the client appeals process. After eligibility determination has been made, the client should be sent a letter notifying them of the decision.

- B. If the recipient is found to be in need of service other than meals, with the consent of the recipient or representative, referrals should be made to the appropriate agencies. Follow-up must be performed within a reasonable length of time, to see whether the requested service has been provided. Recipient's consent isn't necessary when referral is made to Adult Protective Services because of neglect or abuse by self or others and/or the client seems incompetent to give consent.
- C. When a service other than Home-Delivered Nutrition services might be more appropriate for the applicant, alternative referrals should be attempted. (Examples: If the person is socially isolated and too depressed to cook for himself, perhaps he would benefit more from transportation to a nutrition service program which provides socialization along with the meal. If the person is unable or unwilling to attend a congregate site every day, a combination of homebound and congregate meal services might be appropriate. Shopping assistance may be a more appropriate service for some homebound persons).
- D. Every short-term homebound client will be reviewed, by phone or visit, once every month to reassess their needs and re-evaluate their eligibility status and to make agency referrals if need exists, and the client approves. Recipient's consent is not necessary when referral is to Adult Protective Services because of neglect or abuse by self or others and/or client seems incompetent to give consent.
- E. Every long-term homebound client must be visited once every six months to re-evaluate their eligibility status and to make agency referral, if need exists, and the client approves. Recipient's consent is not necessary when referral is to Adult Protective Services because of neglect or abuse by self or others and/or client seems incompetent to give consent.

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- F. A written diet order must be on record for all clients and this order must be reviewed annually with the participant's physician/health care professional. A waiver may be signed by client in case of the unavailability of a specific diet from the agency and/or if client is unwilling to accept diet prescribed by physician/health care professional. A waiver may also be used in cases where the client does not have a physician/health care professional.
- G. During reassessment, clients should be given an opportunity to evaluate the program.

4. PROCEDURES FOR TERMINATION OF SERVICE:

Should the client no longer require or be eligible for homebound service, the following steps should be taken:

- A. When client requests termination of service:
 - 1. A letter should be sent to client confirming their request for termination of services.
- B. When the decision to terminate services is made by the service provider:
 - 1. Client should be called or visited prior to making a decision to terminate service if possible.
 - 2. A letter should be sent to client two weeks prior to termination date notifying them of discontinuation of service. Letter should include reasons for termination, date of termination, and appeals procedure.
 - 3. Meal delivery may be terminated immediately under the following conditions:
 - a. Client has not been home for delivery of meals for two to three days in a row; has not contacted the center and cannot be located by phone calls or home visit.
 - b. Client endangers meal deliverer or resides in an area which has become unsafe. Client must be informed of problem and given opportunity to improve it, if possible. Meal delivery can be resumed if problem is resolved (i.e., uncontrollable pets, threatening and menacing behavior, engaging in dangerous illegal activities).

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4. Appropriate referrals should be made, i.e., Adult Protective Services or Case Management, if needed.

5. PROCEDURE FOR APPEAL OF ELIGIBILITY/TERMINATION DECISIONS

If clients do not agree with eligibility or termination decision for homebound meal delivery, they may:

- A. Contact the Homebound Nutrition Service Program Director. Contact may be made by phone or in writing. Program Director will review all pertinent information, including physician's recommendations, and make a ruling within one week of receipt of the appeal. Client will be notified of the results in writing.

If clients do not agree with this decision, they may:

- A. Contact the Division by phone or in writing. The Division shall review all pertinent information and notify the client and the service provider's Program Director, in writing, of the decision within one week of receipt of the appeal.

RESPONSIBILITY

It will be the responsibility of each Program Director to instruct program staff in the above criteria.

EVALUATION

The DSAAPD Nutritionist will be responsible for periodically checking program operations for adherence to criteria.

PURPOSE

The Nutrition Service Providers (NSP) will adhere to the following criteria when developing internal procedures for conducting ADL/IADL assessments.

POLICY

At least once a year, all homebound clients will be screened for ADL/IADL deficits. Appropriate referrals will be offered to the high-risk clients.

RESPONSIBILITY

The Program Director will develop a plan to administer the ADL/IADL assessment and documentation will be maintained in the client file.

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SECTION:	Contract Management – Nutrition
SUBJECT:	Medical Foods to Homebound Clients
LOG NO: X-V-23	
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PURPOSE

To establish policy for supplying medical foods to homebound clients.

POLICY

Clients with authenticated medical/nutritional risk factors, as verified by their physician, may be offered medical foods. The medical foods may be used to supplement the meal currently provided or used instead of a prepared meal, if medically indicated, as in need for a liquid diet. If medical foods served to clients are their sole source of nutrition, these supplements must meet the DSAAPD required caloric minimum, except for modified dietary products prescribed by a physician. Clients will be contacted within ten days of receipt of the physician's approval.

RESPONSIBILITY

Program Directors or designated staff will oversee inventory control.

Program Directors and/or outreach staff will inform clients about the availability of medical foods.

Programs Directors will designate staff to monitor distribution of products to clients.

Program Dietitians will assess clients, verify the physician's approval, determine the quantity of medical foods required and provide necessary follow-up (as defined in the dietitian's contract/job description).

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ISSUE DATE:	09/95	Rev. 01/00, 01/01, 12/12	LOG NO: X-V-23
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SUBJECT:	Medical Foods to Homebound Clients		Page 2 of 5

MEDICAL FOODS: QUANTITY AND REIMBURSEMENT

Medical foods are approved for use with medically and/or nutritionally at risk clients. Two (2) cans of medical foods are reimbursed as a meal, by DSAAPD standards. The medical food meal should be separately noted on daily logs.

Medical foods approved for use in DSAAPD nutrition programs

The standard product used as a meal replacement is ENSURE®* Plus Liquid. Five other products are approved for use in the DSAAPD Title III-C Nutrition Programs; these are considered to be part of a modified/therapeutic diet and their recommendation must be supported by a physician's request.

An agency must make at least four (4) products available to clients, as noted on the letter/diet order sent to the client's physician.

A medical food meal order may consist of multiple cans of one product or a combination of products. All decisions must be supported by a diet order from the client's physician.

Product	Volume	Calories	Protein
ENSURE® Plus	8 fl. oz.	350	13.0
ENSURE® Liquid Muscle Health	8 fl. oz.	250	13.0
ENSURE® Pudding	4 oz.	170	4.0
GLUCERNA® Shake	8 fl. oz.	200	10.0
Pulmocare®	8 fl. Oz.	355	14.8

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CLIENTS TO BE CONSIDERED FOR MEDICAL FOODS

Medical foods are intended to be used by clients who are medically and/or nutritionally at risk. The aim of providing medical foods to homebound clients is to maintain or improve their health status and quality of life by keeping them active members of the community and postpone or prevent the need for long term care. This will be accomplished by providing increased calories and other nutrients in addition to, or instead, of the prepared meals available through the nutrition program.

Various clients will benefit from the supplement. The following list describes some conditions for which medical foods may be recommended:

1. involuntary weight loss
2. problems chewing or swallowing, resulting in reduced/inadequate food intake (a dysphagia diagnosis must be clearly documented)
 - use of pudding versus liquid should be considered
 - consult physician regarding persistent difficulty
3. recent illness or surgery
4. nutritional support prior to surgery
5. cancer and/or cancer therapy
6. decreased interest in cooking and/or eating
7. diminished ability to obtain and/or prepare food
8. conditions which increase caloric requirements, e.g. Parkinson's Disease

Clients who are currently on a full-liquid diet, e.g. as a result of chemotherapy, radiation therapy or swallowing disorders may be considered for medical foods without receiving the prepared meal. These clients would receive a maximum of three (3) meals a day (6 cans). Specific physician documentation and consultation with a dietitian is required. These clients must satisfy agency eligibility requirements before being considered for the full-liquid option.

Clients may be considered for other medical/nutritional reasons, with physician's documentation. Agencies are encouraged to consult with the Public Health Treatment Program Administrator, DSAAPD, concerning atypical situations.

Clients should be encouraged to increase their donations commensurate with the cost of the additional foods and/or supplements.

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SELECTION AND MONITORING OF CLIENTS RECEIVING MEDICAL FOODS

Provision of medical foods requires physician authorization, in order to document medical and/or nutritional risk. A written diet order from the physician must be returned to the agency dietitian and kept in the client's file. Additionally, a brief statement of pertinent medical problems will be noted by the physician on the diet order. The diet order is valid for a period of one year. It is the agency's responsibility to obtain annual renewals of approval from the physician.

Clients who do not have a physician may be considered for the nutritional supplement, after a consultation with the dietitian. A signed release absolving the agency from liability due to withheld or incorrect information should be obtained.

In addition to the diet order to physicians, the nutrition program can identify clients who may, due to medical and/or nutritional risk, benefit from nutritional supplementation. A list of probable candidates is included with this policy. In addition, a client who has been advised, by their physician to take medical foods, may inform the nutrition program staff. The physician will then be contacted for an approval for medical foods.

Upon receipt of a signed physician's order, the client will be contacted by the dietitian and screened for contraindications. Appropriate nutritional counseling will also be provided at this time. A client file will be maintained at the agency office.

The following information is to be included in each client's file:

1. Diet order/medical information page signed by physician (see attachment)
2. Documentation of nutritional counseling
3. Schedule for follow-up
4. Documentation of follow-up contacts
5. Renewal diet order for physician
6. Quantity and flavors selected for client
7. Signed release from clients who do not have a physician
8. Client refusal of medical foods ordered by MD, if indicated
9. Documentation of termination of medical foods (with explanation)

SUGGESTED PHYSICIAN LETTER

Date: _____

Dear Dr. _____,

Your patient _____ is provided home delivered meals through _____ (agency). _____ (agency) now provides adult nutritional supplements (ENSURE Plus, Ensure Muscle Health, Glucerna Shake, Ensure Pudding and Pulmocare) to our clients who are medically or nutritionally at risk.

_____ has been identified by our staff as a candidate for this service. He/she will receive two cans of liquid and/or pudding to replace / supplement each home delivered meal. A Registered Dietitian will provide appropriate guidance and nutritional counseling.

To maintain eligibility standards, we require a physician's certification of medical and/or nutritional risk. Therefore, please provide the following information:

_____ is a suitable candidate for nutritional supplementation.

Please Circle the appropriate supplement:

Extra Calories and Protein (Ensure Plus),
Extra Protein (Muscle Health),
Carbohydrate Control (Glucerna Shake),
Texture Modification (Ensure Pudding),
Reduced Carbon Dioxide Production (Pulmocare),

As determined by dietitian in consultation with patient.

Please provide a brief medical history:

Diabetes: Y/N Insulin _____ Oral medication _____ Diet controlled _____

Dietary counseling recommended for:

Low fat, low cholesterol _____ Increased calories _____ Reduced sodium _____ Increased fiber _____

Other _____

Recent illness and/or chronic conditions:

Physician's signature:

Thank you for your cooperation.

Signed,

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ISSUE DATE:	04/82 Rev. 11/85, 09/95
SECTION:	Contract Management – Nutrition
SUBJECT:	Volunteer Meals

PURPOSE

To establish policy regarding the provision of meals to volunteers in Title III-C funded programs.

POLICY

It is the policy of the DSAAPD that each Nutrition Program shall be allowed the option to offer a meal to individuals providing volunteer services during the meal hours. (PL. 98-459; Section 307(a) (13) (1)).

PROCEDURE

- A. Each program that elects to offer a meal to volunteers (on the same basis as meals provided to participants) shall establish program policy on the following:
 1. A definition of the term “volunteer”.
 2. A description of the type (s) of service (s) an individual shall provide or perform to qualify as a volunteer.
 3. A minimum amount of time an individual shall offer to the program in order to qualify as a volunteer on any given day.
- B. Policies developed under “A” above shall be subject to the approval of the Board of Directors of the proposing program and the DSAAPD prior to implementation.

RESPONSIBILITY

It shall be the responsibility of the Board of Directors to approve policies submitted to the Division by individual programs under this section.

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ISSUE DATE:	06/82 Rev. 11/87, 09/95
SECTION:	Contract Management – Nutrition
SUBJECT:	Participant Interactions

PURPOSE

To set up a system to receive feedback regarding meals from participants in order to improve interaction between providers and participants.

POLICY

The Nutrition Service Providers must establish a formal, documentable system whereby food acceptability is checked by soliciting participant reactions.

RESPONSIBILITY

The Service Provider shall be responsible for conducting documented input from the participants twice a year. Results will be reviewed and changes will be made as deemed necessary.

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ISSUE DATE:	04/82 Rev. 11/85, 11/87, 09/95, 02/00, 12/12	LOG NO: X-V-27
SECTION:	Contract Management – Nutrition	
SUBJECT:	Meal Delivery in Inclement Weather	

PURPOSE

To ensure delivery of meals in inclement weather.

POLICY

Home Delivered Nutrition Service Providers are required to develop an individualized plan to meet weather-related or other emergencies within their respective service areas for their home delivered meals clients.

In the event the President declares a national disaster, the Older Americans Act, Title III, Sec. 310, provides for reimbursement of expenditures made by states to meet the Social Service needs (and related supplies) of Older Victims. Programs must maintain detailed records and receipts of the expenditures.

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ISSUE DATE: 08/95 Rev. 02/00, 12/12	LOG NO: X-V-31
SECTION: Contract Management – Nutrition	
SUBJECT: Monitoring and Assessment	Page 1 of 3

PURPOSE

Monitoring and assessment of programs/sites is a primary function of the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD). The state office views this activity as an ongoing process through which it can obtain an in-depth analysis of progress and problems in the program/site and can offer technical assistance based on the assessment results.

The Program Self-Monitoring Questionnaire forms have been developed to yield information which can be used as a basis to systematically review program/site performance, and to assist the development and implementation of technical assistance and corrective action strategy to follow-up on the assessment visits.

STRUCTURE

STATE AGENCY RESPONSIBILITY:

On-site nutrition program assessment will be conducted by a DSAAPD staff representative. However, mutual participation in on-site assessment will be shared jointly by program/site staff and the DSAAPD representative. The program director or other designated administrative staff person will accompany the DSAAPD representative on site visits.

PROGRAM RESPONSIBILITY:

The program should encourage continuous monitoring and self-assessment throughout the year. This should be an on-going process, and represents the summation of the effectiveness of the program at any given point in time.

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METHOD

The procedures which follow have been organized to include activities to be carried out before, during and after the assessment visit.

A. Pre-Visit Procedures

1. The DSAAPD will share with the program a copy of the Program Self-Monitoring Questionnaire with instructions.
2. The program and/or site staff will have completed the appropriate Program Self-Monitoring Questionnaire and forwarded to the DSAAPD staff representative prior to the on-site visit.
3. The DSAAPD will develop a site visit schedule with the Program Director or designated staff person.
4. The program and/or site will organize and make available for review documents and reports on its internal activities including but not necessarily limited to: reports of current inventory, incident/accident report forms, job descriptions, records of staff training, volunteer time records and staff sign-in sheets, etc.

B. Visit

1. The DSAAPD staff representative will review the terms of the contract, current correspondence and other reports prior to the assessment.
2. DSAAPD staff representative will review appropriate completed Program Self-Monitoring Questionnaire with the Program Director or the site representative.
3. Using the indicators which correspond to the appropriate assessment form, the DSAAPD staff representative will examine the components to be assessed, including a review of corrective actions taken as a result of previous visits.
4. The DSAAPD staff representative will randomly select data to review for verification.

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C. Exit Interview

1. The DSAAPD staff representative will discuss general observations and findings with the Program Director/site representative, advising him/her of agency strengths and weaknesses.
2. Corrective Action(s) should be discussed, including specifications and time allotted to implement them. The review should offer help to achieve the necessary changes or suggest ways in which the DSAAPD staff can provide technical assistance or training.

D. Post-Visit Procedures

1. The DSAAPD staff representative will complete a written report, including a summary of the overall progress and achievements, comments and recommendations for corrective action and identification of technical assistance required from the DSAAPD.
2. The DSAAPD and the program/site should agree on a plan for implementation of action necessary to correct deficiencies including target dates for completion. Needed changes should be prioritized.
3. A copy of the assessment report and the completed assessment instrument will be maintained in the DSAAPD office files as part of its permanent records.
4. A special follow-up visit will be scheduled to assess progress on corrective action.

FREQUENCY OF ASSESSMENT:

(Contract Year) The representative will monitor each program/site at least once annually.

RESPONSIBILITY

Program Directors will be responsible for completing the Program Self- Monitoring Questionnaire as outlined above. DSAAPD staff will be responsible for scheduling and completing monitoring and assessment as outlined above.

EVALUATION

DSAAPD staff will oversee this procedure.

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ISSUE DATE:	11/85 Rev. 11/87, 08/95, 02/00, 09/12
SECTION:	Contract Management – Nutrition
SUBJECT:	Collection of Program Income

PURPOSE

To establish a policy for the collection of Title III Service Provider program income.

POLICY

The Division shall require Title III service providers to collect and meet certain program income fund targets to become part of the program approved contract.

PROCEDURE

1. Program income funds shall include:
 - a. Title III Client Donations
 - b. Income earned from grant supported activities such as the sale of arts and crafts, bazaars, dinners, dances, and other grant supported fund raising activities
 - c. Interest income earned from advance payments
 - d. Payment from guests and staff for the last meal
2. Program income must be accounted for, distributed and reported as stated and instructed in the Division's Title III Request for Proposal (RFP) application.
3. The targeted amount of program income collected by service providers shall be approved and used to provide and expand program objectives and/or units of service.
4. Program income funds collected in excess of targeted figures may be used in the Title III program as the program deems necessary, with the approval of the Division.
5. Excess program income will be required to be reported or accounted for as part of the Title III contract.

RESPONSIBILITY

Nutrition Program Directors will collect all income information and report as above.

EVALUATION

DSAAPD staff representative will monitor for compliance to this procedure.

DELAWARE HEALTH & SOCIAL SERVICES	
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ISSUE DATE:	09/12 LOG NO: X-V-34
SECTION:	Contract Management – Nutrition
SUBJECT:	Food Borne Illness and Product Recall

PURPOSE

To provide procedures on responding to a food recall notice or report of food borne illness.

POLICY

A nutrition provider shall require, that all vendors immediately alert the provider in the event of a product recall. Upon receiving notification of a food recall, the nutrition provider will immediately notify the DSAAPD. The nutrition provider will make reasonable effort to avoid any food product contamination by following the most recent FDA Food Code and other safe food handling and delivery practices. In the event of a suspected problem, the nutrition provider will report and cooperate fully with DSAAPD and the state health department.

RESPONSIBILITY

The Program Director will be responsible for assuring proper food handling and sanitation procedures are in place. The director will also be responsible for proper reporting of any food recall or food borne illness event.

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ISSUE DATE:	09/12 LOG NO: X-V-35
SECTION:	Contract Management – Nutrition
SUBJECT:	Emergency Preparedness, fire drills and inclement weather in Congregate Feeding Sites

PURPOSE

To provide policies on emergencies to include fire drills, evacuation and inclement weather alerts.

POLICY

Emergency arrangements shall be made for each site which includes any and all emergencies which may involve evacuation or other emergencies at the center. At a minimum, program directors will plan and train staff and participants in fire drills, emergency evacuation and have a system in place to alert the community about unexpected closings (e.g., include weather related alerts).

RESPONSIBILITY

The Program Director will be responsible for assuring evacuation and emergency procedures are in place and staff and program participants are trained in these procedures.